



Unregistered Software Call: 760.450.2026 or

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com



Report # / I.D : Dell06132015
Inspection Date : June 13 2015 **Time :** 1:30
Client Name : Donald Dell
Property Address : 1121 Any Street La Jolla, Ca 92038

Buyers Agent :
Donald Smith
Re-Max Associates
707 Escondido Ave
Thousand Oaks CA.
860-643-3700

Sellers Agent :
Tom Wiington
Re-Max Associates
707 Escondido Ave
Thousand Oaks CA.
860-643-3700

Re Inspected On 06/21/2015 All Previous Defects Confirmed

Inspection General Description

Foundation

Due to the floor being covered, the only part of the foundation visible to me to inspect is the stem wall around the perimeter of the house. There are some cracks that appear to be common in size and type.

Exterior

Monitor the wood around the windows, doors and roof. Ensure the wood is always well sealed and protected against weathering. Monitor the wood trim around the windows and doors. Ensure the wood is always well caulked and sealed to the side of the house not to allow for moisture intrusion in behind the wood. Monitor the bottom of door thresholds and ensure they are caulked and sealed to the foundation not to allow for moisture intrusion. Routinely check for any damage to the walls of the house that could allow for moisture intrusion and do the necessary repairs to the walls.

Grading

Monitor the drainage around the property to ensure that water is draining away from the foundation as quick as possible. Do not allow water to drain to or pond next to the foundation. Common cracks noticed in the perimeter wall. I recommend you keep the wood on the side gate sealed and protected from weathering and deterioration.

Roof

Routine inspections recommended and maintenance to all roof systems to a house to ensure integrity of the roof. Wind driven rain can cause roof leaks which can happen regardless of the visible condition of the roof at the time of the inspection.

Plumbing

Be aware that shut off valves/supply valves are not tested as leaks may occur that would necessitate immediate repairs. I recommend replacing all gate valves with quarter turn valves as preventative maintenance.

Attic

I will enter an attic space whenever possible. I will utilize storage boards if provided and the work platform in front of the air handler to inspect the attic space. Not all of the attic may be visible to me. The inspection of the attic is therefore limited.

Bathrooms

I recommend you monitor all caulk and grout lines around all wet areas to ensure a watertight seal at all times. Routinely check caulk and grout lines and do general maintenance and repairs especially in the shower. Routinely check under sinks for possible leaks from drain lines, supply valves and sink stopper connections to the drain lines.

Heating and Cooling System(s)

Heating systems cannot be properly tested in the summer and conversely, AC units cannot be properly tested in the winter time as operating these systems could cause damage to the units. Recommend routine maintenance and service to the heating and cooling systems of the house which will also extend the useful life of these units.

Laundry

I recommend routinely cleaning the dryer vent professionally which will ensure optimum performance of the dryer and proper venting.

The following items are outside the scope of my inspection and may or may not be present in the house at the time of the inspection: Washers, dryers, refrigerators, water softeners, reverse osmosis, central vacuum, surround sound systems, home theater systems, any audio/video systems that may convey, security systems, intercom systems and remote controlled window blinds.

THE INSPECTION REPORT LEGEND & INTRODUCTION PAGE

THE BRACKETED NUMBERS ARE DEFINED AS FOLLOWS:

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of infestation / deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

Note: Most of the time the deficiency will just be noted. If it is a Possible Safety Hazard it will be noted. I always recommend a licensed professional in the related field do examinations & or repairs.

Anytime these statements: Appears to be mold or mildew type substance, mold/mildew is visible are used, mold may be a health & or safety issue & need further inspection & or remediating by a specialist.

The term " Satisfactory/Functional " or " Appears Satisfactory/Functional " Is used to identify an item or component that was found to be functionally usable at the time of the Property Inspection. Normal wear & tear is not noted.

THE PURPOSE OF THE PROPERTY INSPECTION

The Property Inspection is a Non-Invasive physical examination designed to identify material defects in the systems / structures / components of the building as they exist at the time of The Property Inspection.

The Property Inspection is limited to those systems / structures / components that are present & accessible. Components / Systems shall be operated with normal user controls only & as conditions permit.

The Inspection Report may contain recommendations for evaluations / testing / repairs / upgrades / inquiries or comments about an item or condition that should be brought to the Client(s) attention.

THE PROPERTY INSPECTION OUTLINE

The Client(s) are invited & encouraged to accompany the Property Inspector during The Property Inspection process. When completed, The Property Inspection will be reviewed on site, assuming the Client(s) are present. The Report identifies separate areas, such as Electrical / Plumbing / Heating / Roof / Bathrooms, etc. If The Client(s) have any Questions / Comments, Please Call The Inspector As Soon As Possible.

The Inspector works solely for the Client(s), not the Agents or Sellers.

The Inspector has no vested interest in whether or not The Property purchase is completed.

The Inspector does not perform repairs / referrals for repairs, to Prevent a Conflict of Interest.

The Inspection Report is not a Warranty or Guarantee of any kind. If a Home Warranty is not provided by the Sellers, Agents or Others. The Client(s) are is strongly advised to obtain one.

The use of the Inspection Report is authorized for the sole use of The Client(s) identified on The Contract.

The Inspector / Inspection Company has no contractual obligations or fiduciary responsibility to any third parties / agents / future purchasers or any other persons that may come into possession of The Inspection Report.

By initialing below the Client(s) or Client(s) Real Estate Agent / Representative, acknowledges reading & understanding the Inspection Report Legend / The Purpose of the Inspection / The Inspection Outline / The Report Summary and The Inspection Report Contract, including The Standards of Practice.

Client Initials. _____ Date. _____ Client Initials. _____ Date. _____

Initials of Client(s) Real Estate Agent / Representative only if client(s) are not able to attend the inspection.

Initials of Client(s) Real Estate Agent / Representative. _____ Date. _____

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

FOUNDATION / STRUCTURE:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I</i>	<i>NI</i>	<i>NP</i>	<i>D</i>	<i>S</i>
Slab:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Basement:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Raised:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Structure:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Mobile / Module:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S

NOTICE: The visible portions of the foundation / structure were observed to determine their condition at the time of inspection. The condition of foundations / slabs / subfloors not visible due to carpet / floor coverings cannot be determined. The wall surfaces or design configuration of the structure often prevents access to visually verify the presence or condition of anchor bolts. If any foundation damage / deterioration / infestation is reported the client is strongly advised to obtain the services of a qualified licensed structural engineer / Geotechnical engineer / termite / pest inspector & consider any recommendations for repair / replacement / treatment prior to the close of escrow. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

FOUNDATION TYPE	Concrete / Wood 2 Story
UNDER FLOOR ACCESS	Not Applicable
UNDER FLOOR VENTILATION	Not Applicable
STRUCTURE TYPE	Town House
FLOOR FRAMING	Not Visible
VAPOR RETARDER	Not Visible
INSULATION	Not Visible
BEAMS & PIERS	Wood Beams
SUB FLOOR	Not Visible

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

Property Owners Association / Park Management Statement

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

EXTERIOR:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Grade:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Sidewalk:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Surface:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Stairs:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Trim:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Electrical:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Windows:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Fences / Gates:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Doors / Jams:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Retaining Wall:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Driveway:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Porch / Patio:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S

NOTICE: The visible portions of the exterior surfaces / trim were observed to determine their condition at the time of inspection. Destructive testing of exterior wood surfaces / trim to determine the presence of any deterioration / infestation is beyond the scope of this report. Damaged / infested areas reported should be repaired / treated by appropriate specialist. The routine maintenance of door & window frames is required to prevent damage / leaks. The client is strongly advised to obtain & review the termite / pest report & consider any recommendations for repair / treatment of the property prior to the close of escrow. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

EXTERIOR SURFACES	Primarily Stucco & Wood
TRIM	Primarily Wood Needs Repairs
SURFACE GRADE	Acceptable
DRIVEWAYS / SIDEWALKS	Ashphalt
EXTERIOR DOORS	Type: Sliding Glass & Wood Hose Bibs In Front & Rear
WINDOWS MAT./PLANT LIFE	Material Is: Aluminum & Single Pane Glass
PATIOS / PORCHES	Concrete Patio('s)
FENCES & GATES	Not Applicable
SOIL CONDITION:	Dry , Generally Flat
LANDSCAPE SPRINKLER SYSTEM	Not Part Of This Inspection

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

Exterior Electrical:

Inoperable / Broken Light found at: Rear Patio Bedroom Next to sliding Doors

See Photo # 13, 14

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

Exterior Surface:

Stucco surface is cracked / damaged at several areas. See Photo # 15, 16, 1, 18 See Photo # 15, 16, 1, 18

See Property Owners Association / Park Management Statement

Exterior Enter Enter:

Moisture noted on Exterior brick Walk way, Recommend redirecting water for greenery.

See Photo # 19,20,21,22,23,24

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

EXTERIOR PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gmail.com

Your Inspector's Name , Inspector



Exterior Light Damaged



Exterior Light Damaged



Exterior Stucco Damage



Exterior Stucco Damage



Exterior Stucco Damage



Exterior Stucco Damage

EXTERIOR PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

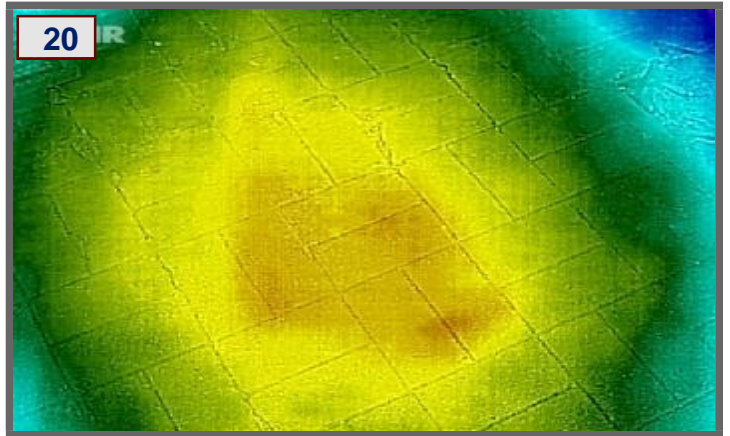
Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



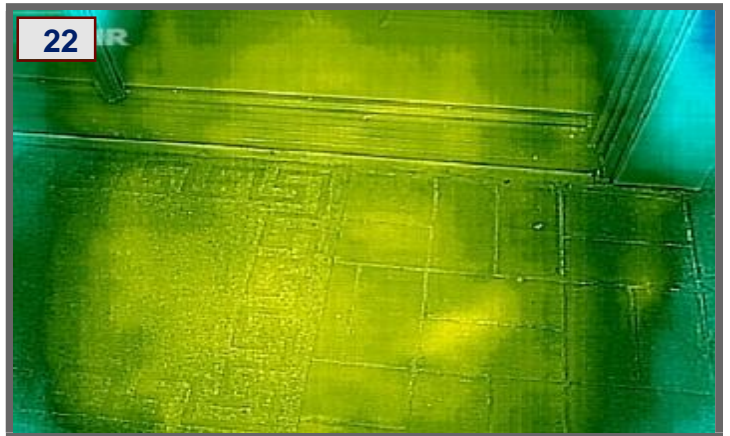
Front Entry Exterior Moisture Noted
Recommend to Redirect Watering



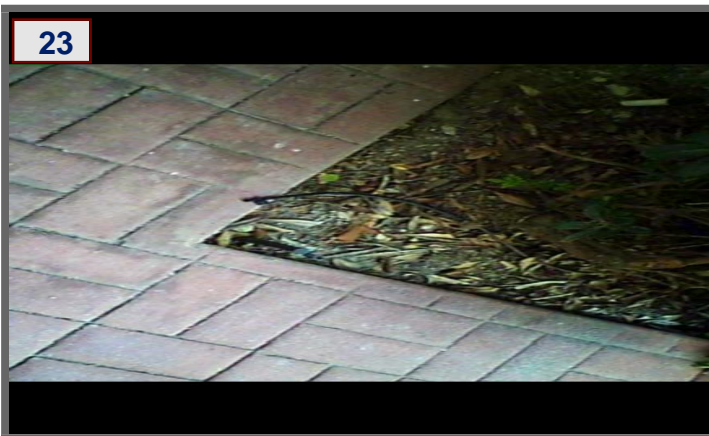
Front Entry Exterior Moisture Noted
Recommend to Redirect Watering



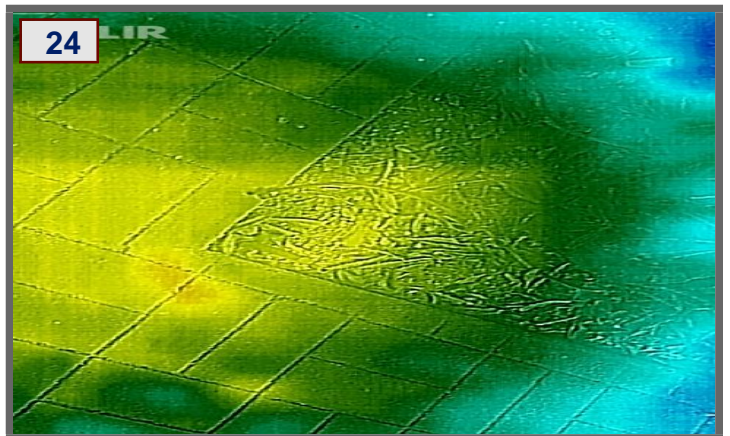
Front Entry Exterior Moisture Noted
Recommend to Redirect Watering



Front Entry Exterior Moisture Noted
Recommend to Redirect Watering



Front Entry Exterior Moisture Noted
Recommend to Redirect Watering



Front Entry Exterior Moisture Noted
Recommend to Redirect Watering

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

ROOF / ATTIC:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Main Roof:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Gutters:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
2nd Roof:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Ventilation:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Flashing:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Attic Electric:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Attic Framing:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Garage Roof:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Insulation:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Garage Attic:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S

NOTICE: The visible portions of the roof / roof penetrations / flashings & attic space were observed to determine their condition at the time of inspection. Roofs will only be inspected by walking on their surfaces if reasonably accessible / if doing so will not cause any damage to the roof / endanger the inspector. Reporting if a roof has an active leak is not possible unless the leak is observed at the time of inspection. Reporting remaining life expectancy / predicting future roof leaks is beyond the scope of this report. If damaged / deteriorated / missing areas are reported the client is advised to obtain the services of a qualified licensed roofing contractor for further evaluation prior to the close of escrow. The testing of gutters / down spouts / underground drains is beyond the scope of this report. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

ROOF MATERIAL/VALLYS	Primarily Gable Primarily Conctere/Clay tile
ROOF SHEATHING	Material Is: Unable To Identify
ATTIC / ROOF FRAMING	Unable To Determine
ATTIC ACCESS & LOCATION	No Access Provided
ATTIC INSULATION	Not Visible
ATTIC VENTILATION	Not Fully Visible
FLASHINGS	
GUTTERS / DOWNSPOUTS	None
SKYLIGHTS/KITCHEN & BATH ROOF	None Present

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

Garage roof is a Flat Roof, seems to be New..
See Property Owners Association / Park Management Statement

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: **Dell06132015**

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

CHIMNEY / FIREPLACE:

<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I</i>	<i>NI</i>	<i>NP</i>	<i>D</i>	<i>S</i>	
Chimney:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Fireplace:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S						

NOTICE: The visible portions of the fireplace / chimney were observed to determine their condition at the time of inspection. Associated mechanical features are tested by operating their normal controls to verify proper function. Reporting on chimney draw / performing a smoke test / ignition of wood / gas / the use of video equipment is beyond the scope of this report. If damaged / deteriorated / inoperable / unsafe items / features are reported the client is advised to obtain the services of a qualified licensed chimney contractor / specialist for further evaluation / testing prior to the close of escrow. Gas logs controlled by a switch / thermostat found shut off / that have shut off pilots will not be tested & pilots will not be lighted. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

CAPS AT ROOF: Not Visible Fireplace Located In: Living Room
SPARK SCREEN AT FIREPLACE Yes Present
SPARK SCREEN AT STOVE N/a
DIRECT VENT GAS FIREPLACE Gas Fireplace Only No Gap Device
WOOD BURNING FIREPLACE Not Present

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

FIREPLACE

See Photo # 37. Need to install a gap device.

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

CHIMNEY & FIREPLACE PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



Living Room Fireplace

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

INTERIOR ROOMS:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Electrical:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Windows:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Floors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Screens:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Walls:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Cabinets / Draws:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Ceiling:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Closet Doors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Doors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Stairs / Railings:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S

NOTICE: The visible portions of the interior rooms were observed to determine their condition at the time of inspection. A comparative sample of the windows / doors / closets / cabinets / outlets / switches / fixtures were observed / tested to determine their condition at the time of inspection. Furniture / clothing will not be moved to test outlets / inspect walls / floors. Dual Pane seal failure will be reported where observed, however, weather / temperature / light changes can make identifying all problems difficult / impossible. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

WALLS / CEILINGS	Drywall / Plaster Walls
FLOORS	Type: Wood, Carpeting & Tile
DOORS	Wood & Glass
WINDOWS & SCREENS	Material Is: Type Is:
STAIRS / RAILINGS	Is: Wood
ELECTRICAL	See Electrical Section
CABINETS / CLOSETS	Wood / Mirrored Closet Doors

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

Entry Hall: Closet has things stored, Doors needs adjusted will not stay Closed See Photo # 49

Entry Hall: Danger: Trip Hazard, Hall Entry To Down Stairs See Photo # 51

Entry Hall: Cracks Noted On Wall above Garage Entry Door. See Photo # 57

Entry Hall: Floor Damaged at Bottom of Garage Enter Door. See Photo # 59

Entry Hall: Entry Door Damaged, Molding Damage. See Photo # 60

Master Bedroom: Sliding door hard to open and close and will not Lock. Needs repair/ Replacement. See Photo # 56, 58

Master Bedroom: Sliding Glass Door Will Not Lock Hard to Open or Close See Photo # 55

Bedroom # 2 Bedroom 2: Wall above Sliding doors Needs Repair, See Photo # 52

Bedroom # 2 Sliding Door Hits Door When Closing See Photo # 55

Bedroom # 2 Heater Vent, Wall damage See Photo # 53

Bedroom # 2 Moisture Noted at Sliding glass Door. See Photo # 54

Bedroom # 2 Moisture Noted at Wall. See Photo # 159

Living Room: Noted Added Electric Out Let. See Photos # 157, 158

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

INTERIOR ROOMS:

Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a qualified licensed contractor / specialty trades person.

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

INTERIOR PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

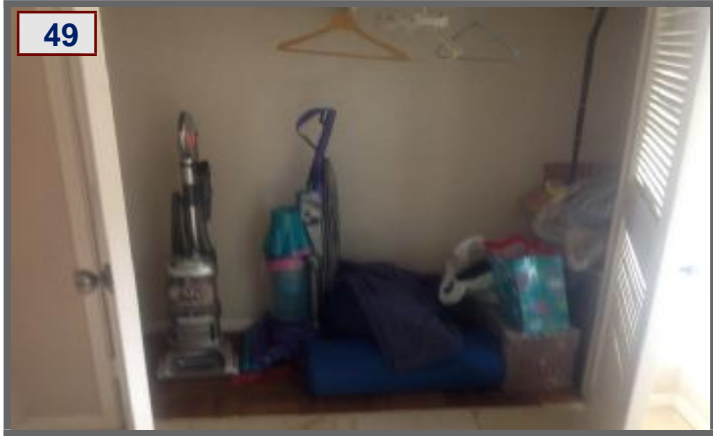
Inspection Date: June 13, 2015

2003-115 El Camino Real

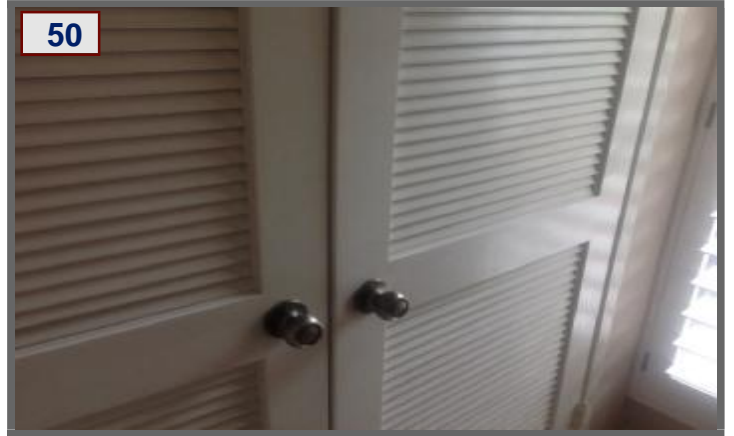
Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



Living Room Wet Bar is Prep For Plumbing



Entry hall Closet Doors will not Stay Closed



Danger: Trip Hazard, Hall Entry To Down Stairs



Bedroom 2: Wall above Sliding doors Needs Repair



Damage Noted at Vent



Moisture Noted in Carpet at sliding Door Bedroom 2

INTERIOR PHOTOS

Inregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Oceanside CA 92054

Client: Donald Dell

760.650.1255 IdentifyReport@gamil.com

Property: 1121 Any Street La Jolla, Ca 92038

Your Inspector's Name , Inspector

Inspection Date: June 13, 2015



Bedroom 2 Sliding Door Hits Door When Closing



Master Bedroom Sliding Glass Door Will Not Lock Hard to Open or Close



Crack at Enter hall Above Garage Entry Door



Sliding Glass Door Bedroom 2



Damaged Floor at Garage Enter Door



Front Door Molding

INTERIOR PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

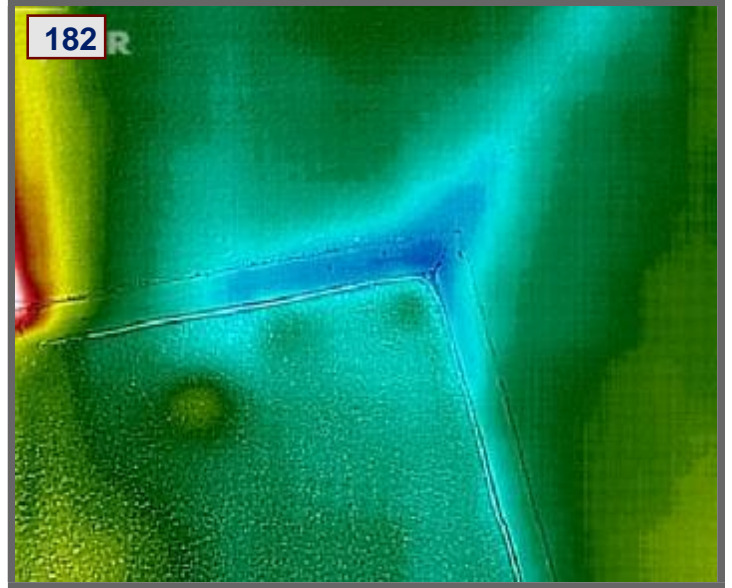
Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



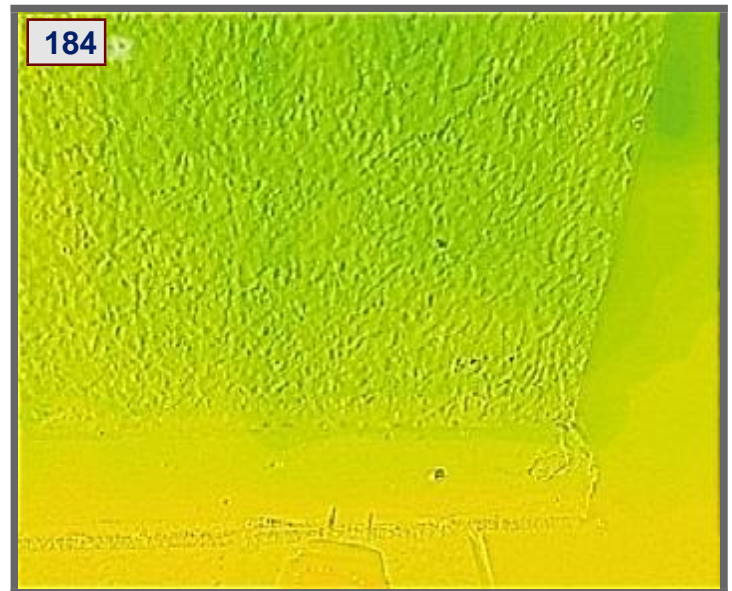
Right side of Sliding Door
Moisture Noted (2)



Right side of Sliding Door
Moisture Noted (2)



Ceiling Repaired in Bedroom 1
No Moisture Noted



Ceiling Repaired in Bedroom 1
No Moisture Noted

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

KITCHEN:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Sink:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Vent & Hood:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Electrical:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Countertops:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Floors:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Walls:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ceiling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains & Traps:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Doors:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Windows:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Screens:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stove & Oven:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

NOTICE: The visible portions of the kitchen were observed to determine their condition at the time of inspection. Associated built in appliances / fixtures / counters / cabinets / sinks / drains were observed / tested to determine their condition at the time of inspection. Appliances are not checked for temperature calibration / timer function / microwave oven radiation leaks. Testing water filter / purification equipment / instant hot water heating equipment is beyond the scope of this report. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

Counters / Cabinets / Drawers

Fridge

Oven

Sinks / Faucets

Ice Maker

Range

Garbage Disposal

Built in microwave

WetBar Sink Plumbing(If PRESENT)

Built In Dishwasher

vent hood

GFCI (If Present)

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

KITCHEN:

Disposer electric plug needs repair / Replace.

Kitchen in Wall Moisture Noted With Moisture Probe in Several Areas. See Photo # 62, 63, 64, 65

Cabinet Door Under Sink Damaged See Photo # 65

Damaged Garnet Counter Top at Left of Sink, Missing Quarter Round. See Photo # 68

Gap Noted at Kitchen sink, Needs Calking to prevent Water Damage. See Photo # 67

Floors: Tile is Not Sealed to Floor, May come Loose. See Photo # 66

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

KITCHEN PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



Kitchen View



Kitchen in Wall Moisture Noted With Moisture Probe



Kitchen in Wall Moisture Noted With Moisture Probe , Kitchen in Wall Moisture Noted With Moisture Probe



Water stain on Kitchen Window Seal and wall



Damage to Kitchen Sink Cabinet



Kitchen Tile Not sealed to Floor

KITCHEN PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector



Gap at Kitchen and Garnet



Damaged Garnet at next to Kitchen Sink

KITCHEN PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

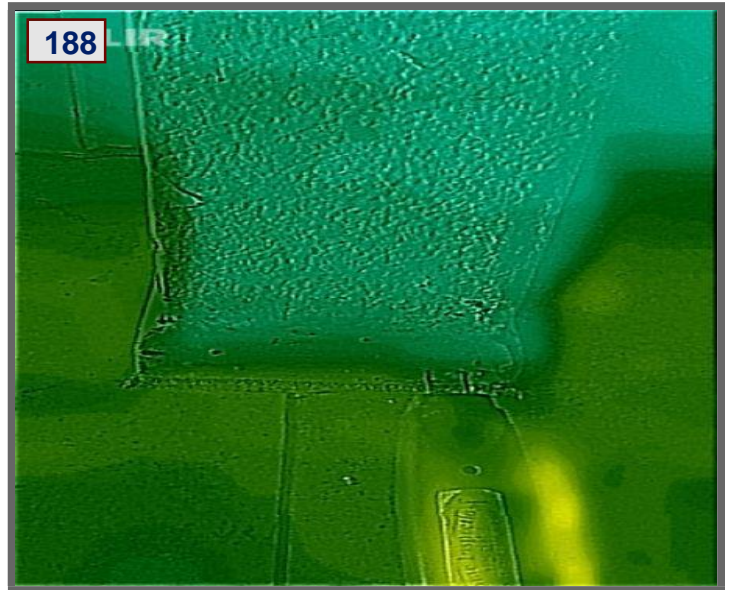
Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



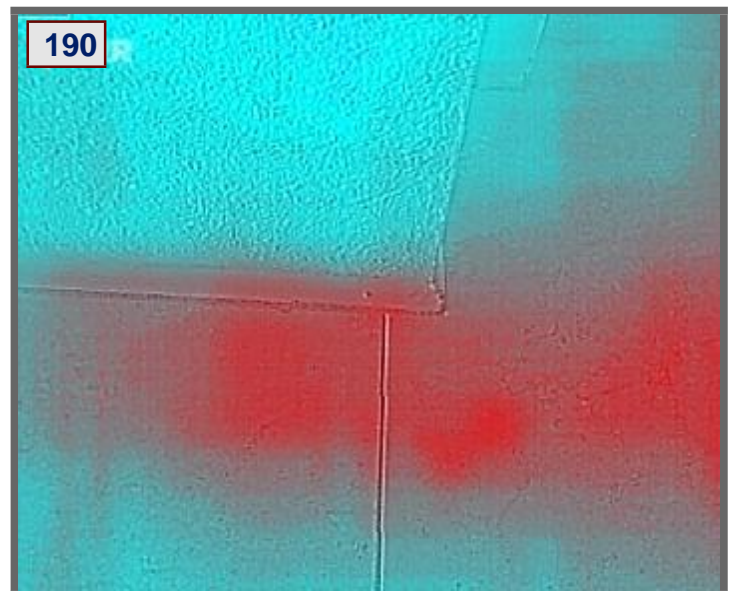
Kitchen Moisture Noted in Several Areas



Kitchen Moisture Noted in Several Areas



Loose Tile And Moisture Noted



Loose Tile And Moisture Noted

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

BATHROOMS:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Sink:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Cabinets:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Faucets:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Heaters:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Bathtub:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Spa Tub:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Shower:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input checked="" type="checkbox"/> S	Steam Bath:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Shower Door:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Floors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Toilets:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Walls:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Drains:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Ceiling:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Bidet:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Doors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Electrical:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Windows:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Fans / Vents:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Screens:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Countertops:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S						

NOTICE: The visible portions of the bathrooms were observed to determine their condition at the time of inspection. Associated built in appliances / fixtures / counters / cabinets / sinks / drains were observed / tested to determine their condition at the time of inspection. Verifying the presents / temperature setting of no shock faucets / fixtures / determining if shower pans, tub / shower enclosures are water tight is beyond the scope of this report. Capacity of the water heater to serve the demands of a spa tubs is not reported. Any comments about the bathroom floors, walls, ceilings, doors, windows are located at the interior rooms page. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

Locations: Hall & Master Bathroom

- | | | |
|---------------------------|---------------|------------------------------------|
| Sinks & Sink Fixtures | Toilets | Counter / Cabinets / Drawers |
| Bathtubs & Tub Fixtures | Exhaust Fan | Traps / Drains / Supply |
| Showers & Shower Fixtures | Whirlpool Tub | G. F. C. I. Outlets Provided ????? |

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

Upstairs Bathroom 1/2 Bath. Fan Needs Repaired/Replaced, Makes Lots of Noise. See Photo 76

Master Bathroom

Sinks: Sink drain Pop Up Stopper needs repair / adjustment at one or more locations. See Photo # 73

Danger: Bath Tub Light Not to Code. May Result in Electric Shock See Photo # 74

Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a qualified licensed contractor / specialty trades person.

All Bathroom Sinks, Tubs and Counters Need re-calking. See Photo # 75, 77Upstairs Bathroom

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

BATHROOMS PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

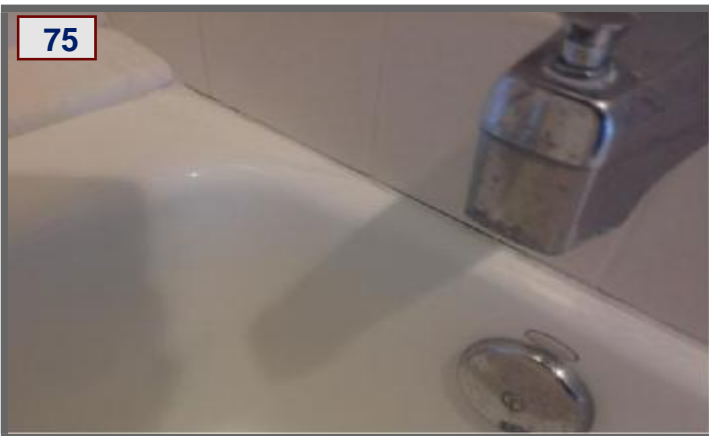
Your Inspector's Name , Inspector



Master Bathroom Sink



Master Bath Electric Light Not In Code



Both Bathrooms need Re-Calking Around Bath Tub, Sinks and Counters



Entry Hall 1/2 Bath Exhaust Fan needs Repaired/Replaced



Both Bathrooms need Re-Calking Around Bath Tub, Sinks and Counters

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

PLUMBING:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Water Meter:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S						
Water Shut Off:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Hot Water Heater:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Hose Bib:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	E / Q Straps:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Supply Line:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input checked="" type="checkbox"/> S	Presser Temp Valve:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Waste Line:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Combustion Air:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Gas Meter:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Elevation:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Solar Water System:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Pan / Drain:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Water Softener:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Flue Supply:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Sprinklers:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Other:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S						

NOTICE: The visible portions of the main water line, shutoff valve, water supply lines, drain / waste pipes & gas meter / pipes were observed to determine their condition at the time of inspection. Leaks, damage, corrosion of the plumbing system concealed from view / located underground cannot be reported by a visual inspection. Fixture shutoffs including those serving kitchen, bathrooms, wet bar sinks, laundry, etc. are not tested due to risk of causing a leak requiring immediate repair. Testing of water softeners, water filters, sump pumps as well as the testing of solar systems serving water heaters / pools / spas are beyond the scope of this report. Gas meters found shut off will not be turned on & gas appliances found shut off will not be tested & pilots will not be lighted. Some A B S plastic drain / waste pipe systems have experienced problems. Identifying when or by what company these materials were manufactured is beyond the scope of this report. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

WATER METER	Unable To Determine
WATER SHUT OFF VALVE	Not Viewed
WATER SUPPLY LINE	Not Visible For Inspection Water Pressure 62
WATER HEATER BRAND	A.o. Smith- 40 Gallon Gas
FUNCTIONAL WASTE DRAIN	Old Not Tested Water Heater May Be The Original Unit
GAS METER/SHUT OFF LOC.	See Comments Water Heater Located In Garage
WATER HEATER TPR PIPE	Present No Test Pipe Is Copper
WATER & SEWER:	City Water And Sewer
GAS PIPING	Black Iron Not Fully Visible
LAWN SPRINKLER SYSTEM	Outside The Scope Of My Inspection Outside The Scope Of My Inspection

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

Water Heater: May be at end of life, Makes popping sound when turned on to test. See Photo # 85

Water Heater: Hot Water Heater Shut off Valve Corroded . See Photo # 86

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

PLUMBING PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

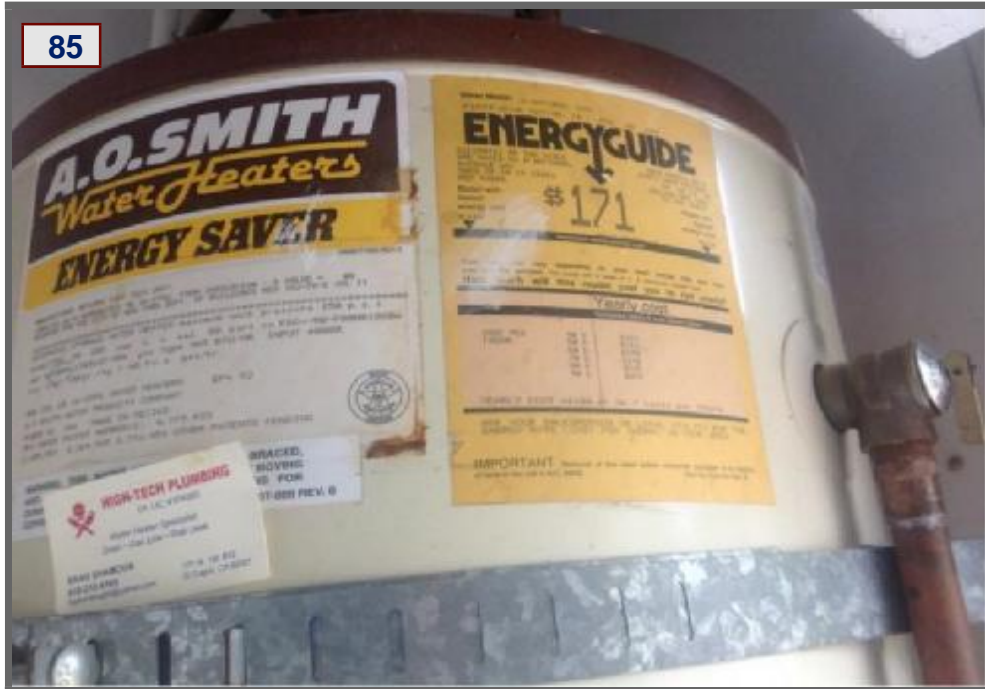
Inspection Date: June 13, 2015

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



Hot Water Heater Rusted



Hot Water Heater Shut off Valve Corroded

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name, Inspector

ELECTRICAL:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I</i>	<i>NI</i>	<i>NP</i>	<i>D</i>	<i>S</i>
Main Panel:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Ground, Plumbing-Ground:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Service:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Smoke / Carbon	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Branch Wiring:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Monoxide Detectors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
G.F.C.I.:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S

NOTICE: The visible portions of the service entrance, grounding system, main / sub panels were observed to determine their condition at the time of inspection. Lights & accessible outlets / switches are checked for basic operation. Smoke detectors will be tested only if accessible & provided with a built in activation button / switch. The function of time clocks is not verified. The location & operation of ground fault circuit protection (G. F. C. I.) will be identified. Light fixtures that have missing or broken bulbs are considered nonfunctioning. Motion sensor / dusk to dawn light fixtures & low voltage yard lights are not tested. Electrical equipment found disconnected / dismantled will not be tested. Determining the adequacy / efficiency of the overall electrical system is beyond the scope of this report. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

SERVICE ENTRANCE	Is Underground
MAIN PANEL LOCATION/ BRAND	Closet Brand Is Stab Lok Main
MAIN BREAKER/ CIRCUIT TYPE	Breakers
PANEL RATING AMP/VOLTAGE	120/240 At Max 120 Amps
BRANCH CIRCUIT WIRING	Material Type: Wire Type:
GROUND FAULT DEVICES	Provided In Baths & Kitchen
SMOKE DETECTORS	Bedrooms & Hall
ALUMINUM WIRING VISIBLE	None
MAIN PANEL SERVICE WIRE	Service Wire Is Copper
MAIN SERVICE GROUND	Not Fully Visible
MAIN ELECTRICAL DISCONNECT	Location Main Panel In Closet

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

Stab Lok Main & Sub panels and circuit breakers manufactured by Federal Pacific are suspected of having design flaws which can allow them to cause shock hazards and fires. We recommend replacement of these panels. Note also that electricians may not work on this equipment, and replacement parts may be difficult to find and expensive. See Photo # 97, 98

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

Master Bath Light Not To Code. See Photo # 100

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

ELECTRICAL PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



Main Electric Panel



Main Electric Panel



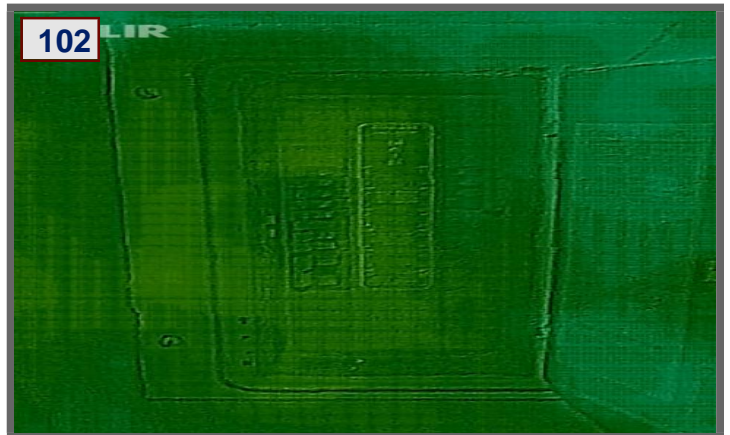
Lights In Master Closet



Light In Master Shower
Not To Code



Electric Main Panel In Closet , No Hot spots Noted



Electric Main Panel In Closet , No Hot spots Noted

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

HEATING / COOLING:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Heating:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Ducting:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Venting:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Cooling / AC:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Combustion Air:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Thermostat:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S						

NOTICE: The visible portions of the heating / cooling units, associated electrical / gas connections, vents, ducting & filters were observed to determine their condition at the time of inspection. Heating / cooling systems are tested by operating normal controls / thermostats to verify proper function. Checking for cracks / damage to heat exchangers & dismantling the components of heating / cooling systems is beyond the scope of this report. Heating / cooling systems found shut off / that have shut off pilots will not be tested & pilots will not be lighted. Heating / cooling systems are not evaluated for efficiency or adequacy. Thermostats are not checked for calibration / timer functions. Some makes / models of horizontal gas heaters are involved in a safety recall, this determination requires the services of a qualified licensed heating contractor / specialist. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

- PRIMARY HEATING SYSTEM** Central Natural Gas
- THERMOSTATS / CONTROLS** Located In Lower The Hall
- DUCTING** Unable To View
- VENTING / COMBUSTION AIR** Metal Vent & Vent Cap & Combustion
- AIR FILTERS** Disposable Type
- CENTRAL AIR CONDITIONING**

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

- Heating: Recommend cleaning/vacuuming furnace. See Photo # !09
- Heating: Insufficient combustion air is provided to furnace / utility closet. Increase combustion air by adding vents, trimming bottom of door, or adding a louvered door.
- Heating: Heater has a Flex Tub Installed ware a Steel Line Needs to Be to Prevent Gas Leek. See Photo # 110

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

HEATING / AC PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



Heater Located in Closet



Gas Line In Properly Installed

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

GARAGE

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Slab / Floor:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Garage Attic:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Fire Door:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Ceiling:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Fire Wall:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Walls:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Access Door:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input checked="" type="checkbox"/> S	Floors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Vehicle Door:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Doors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Automatic Opener:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Windows:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Electrical:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Screens:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Vents:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Garage Roof:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S						

NOTICE: The visible portions of the garage / carport were observed to determine their condition at the time of inspection. Associated mechanical equipment is tested by operating normal controls to verify proper function. Fire door self closing devices / automatic garage door openers / garage electrical / access doors / windows are checked for proper / safe function. Comments about equipment / appliances located inside the garage / carport i. e. electrical panels / laundry / water heaters / water softeners / heating / cooling equipment / water shut off / yard sprinkler controls / timers etc. will be found on their appropriate pages of this report. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

SLAB / FLOOR	Concrete
FIRE WALL / DOOR	Unable To Determine Fire Rating
WALLS & CEILINGS	Drywall Finished
ACCESS / SIDE DOOR	Doors Locked, Unable To Inspect
VEHICLE DOOR / OPENER	Metal " Tilt Up Style " No Automatic Opener Provided
REMOTE OPENERS	None Visible To Test
TYPE OF GARAGE	Attached
GARAGE ELECTRICAL	Acceptable Garage Heater

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

Garage Wall: Stain on Wall. Ccuttently Dry, Unable to determine Ware it Came From. See Photo # 121

Garage: No Functional / Mechanical Defects Found To Report At The Time Of Inspection.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

GARAGE PHOTOS

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

Client: Donald Dell

Property: 1121 Any Street La Jolla, Ca 92038

Inspection Date: June 13, 2015

2003-115 El Camino Real

Oceanside CA 92054

760.650.1255 IdentifyReport@gamil.com

Your Inspector's Name , Inspector



Water Stain

INSPECTION REPORT

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

LAUNDRY:

	<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>		<i>I = Inspected</i>	<i>NI = Not Inspected</i>	<i>NP = Not Present</i>	<i>D = Defect</i>	<i>S = Safety Issue</i>
Counter Tops:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Ceiling:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Cabinets:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Walls:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Washer:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Floors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Dryer & Vents:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Doors:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Electrical:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Windows:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Sinks:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Screens:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Drains:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Exhaust Fan:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S						

NOTICE: The visible portions of the laundry room / area were observed to determine their condition at the time of inspection. The washer hook ups / drain connections / fixtures / counters / cabinets / sinks / drains / outlets / switches were observed / tested to determine their condition at the time of inspection. Testing the washer / dryer by running the equipment through a wash / dry cycle is beyond the scope of this report. However, washer will be tested to ensure it fills & drain water, & dryer will be tested to ensure it heats up. Washing & Drying capabilities will not be tested. Associated items / components that are concealed from view / inaccessible at the time of inspection are excluded from this report.

The Following Items / Components & Associated Features Present At The Time Of Inspection Were Found To Be In Satisfactory Condition Unless Noted Below.

- Traps / Drains / Supply
- Washer
- Dryer Hook Up Is
- Laundry Electrical
- Washer Hook Up Is Electric
- Current Dryer Is Gas
- Grounded Outlet Provided

Recommendations For Evaluations / Repairs / Upgrades / Inquiries & Comments Noted Below.

No Functional / Mechanical Defects Found To Report At The Time Of Inspection.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

I = Inspected NI = Not Inspected NP = Not Present D = Defect S = Safety Issue

FOUNDATION / STRUCTURE:

Inspected : Yes No

Slab: [] I [x] NI [] NP [] D [] S Basement: [] I [] NI [x] NP [] D [] S
Raised: [] I [x] NI [] NP [] D [] S Mobile / Module: [] I [] NI [x] NP [] D [] S
Structure: [x] I [] NI [] NP [] D [] S Other: [] I [] NI [x] NP [] D [] S

EXTERIOR:

Inspected : Yes No

Grade: [x] I [] NI [] NP [] D [] S Sidewalk: [x] I [] NI [] NP [] D [] S
Surface: [] I [x] NI [] NP [] D [] S Stairs: [] I [] NI [] NP [] D [] S
Trim: [] I [x] NI [] NP [] D [] S Electrical: [] I [] NI [] NP [] D [] S
Windows: [x] I [] NI [] NP [] D [] S Fences / Gates: [] I [] NI [] NP [] D [] S
Doors / Jams: [x] I [] NI [] NP [] D [] S Retaining Wall: [] I [] NI [] NP [] D [] S
Driveway: [x] I [] NI [] NP [] D [] S Porch / Patio: [] I [] NI [] NP [] D [] S

ROOF / ATTIC:

Inspected : Yes No

Main Roof: [] I [x] NI [] NP [] D [] S Gutters: [] I [] NI [] NP [] D [] S
2nd Roof: [] I [x] NI [] NP [] D [] S Ventilation: [] I [] NI [] NP [] D [] S
Flashing: [] I [x] NI [] NP [] D [] S Attic Electric: [] I [] NI [x] NP [] D [] S
Attic Framing: [] I [x] NI [] NP [] D [] S Garage Roof: [x] I [] NI [] NP [] D [] S
Insulation: [] I [x] NI [] NP [] D [] S Garage Attic: [] I [] NI [x] NP [] D [] S

CHIMNEY / FIREPLACE:

Inspected : Yes No

Chimney: [x] I [x] NI [] NP [] D [] S Other: [] I [] NI [x] NP [] D [] S
Fireplace: [x] I [] NI [] NP [] D [] S

INTERIOR ROOMS:

Inspected : Yes No

Electrical: [x] I [] NI [] NP [] D [] S Windows: [x] I [] NI [] NP [] D [] S
Floors: [x] I [] NI [] NP [] D [] S Screens: [x] I [] NI [] NP [] D [] S
Walls: [x] I [] NI [] NP [] D [] S Cabinets / Draws: [x] I [] NI [] NP [] D [] S
Ceiling: [x] I [] NI [] NP [] D [] S Closet Doors: [x] I [] NI [] NP [] D [] S
Doors: [x] I [] NI [] NP [] D [] S Stairs / Railings: [x] I [] NI [] NP [] D [] S

KITCHEN:

Inspected : Yes No

Sink: [x] I [] NI [] NP [] D [] S Vent & Hood: [x] I [] NI [] NP [] D [] S
Faucets: [x] I [] NI [] NP [] D [] S Electrical: [x] I [] NI [] NP [] D [] S
Countertops: [x] I [] NI [] NP [] D [] S Floors: [x] I [] NI [] NP [] D [] S
Cabinets: [x] I [] NI [] NP [] D [] S Walls: [x] I [] NI [] NP [] D [] S
Drawers: [x] I [] NI [] NP [] D [] S Ceiling: [x] I [] NI [] NP [] D [] S
Drains & Traps: [x] I [] NI [] NP [] D [] S Doors: [x] I [] NI [] NP [] D [] S
Disposers: [x] I [] NI [] NP [] D [] S Windows: [x] I [] NI [] NP [] D [] S
Dishwasher: [x] I [] NI [] NP [] D [] S Screens: [x] I [] NI [] NP [] D [] S
Stove & Oven: [x] I [] NI [] NP [] D [] S

I = Inspected NI = Not Inspected NP = Not Present D = Defect S = Safety Issue

I = Inspected NI = Not Inspected NP = Not Present D = Defect S = Safety Issue

BATHROOMS:

Inspected : Yes No

- Sink: I NI NP D S
- Faucets: I NI NP D S
- Bathtub: I NI NP D S
- Shower: I NI NP D S
- Shower Door: I NI NP D S
- Toilets: I NI NP D S
- Drains: I NI NP D S
- Bidet: I NI NP D S
- Electrical: I NI NP D S
- Fans / Vents: I NI NP D S
- Countertops: I NI NP D S

- Cabinets: I NI NP D S
- Heaters: I NI NP D S
- Spa Tub: I NI NP D S
- Steam Bath: I NI NP D S
- Floors: I NI NP D S
- Walls: I NI NP D S
- Ceiling: I NI NP D S
- Doors: I NI NP D S
- Windows: I NI NP D S
- Screens: I NI NP D S

PLUMBING:

Inspected : Yes No

- Water Meter: I NI NP D S
- Water Shut Off: I NI NP D S
- Hose Bib: I NI NP D S
- Supply Line: I NI NP D S
- Waste Line: I NI NP D S
- Gas Meter: I NI NP D S
- Solar Water System: I NI NP D S
- Water Softener: I NI NP D S
- Sprinklers: I NI NP D S
- Other: I NI NP D S

Hot Water Heater:

- Damage / Leaks: I NI NP D S
- E / Q Straps: I NI NP D S
- Presser Temp Valve: I NI NP D S
- Venting: I NI NP D S
- Combustion Air: I NI NP D S
- Elevation: I NI NP D S
- Pan / Drain: I NI NP D S
- Flue Supply: I NI NP D S
- Other: I NI NP D S

ELECTRICAL:

Inspected : Yes No

- Main Panel: I NI NP D S
- Service: I NI NP D S
- Branch Wiring: I NI NP D S
- G.F.C.I.: I NI NP D S

- Ground: I NI NP D S
- Smoke / Carbon Monoxide Detectors: I NI NP D S
- Other: I NI NP D S

HEATING / COOLING:

Inspected : Yes No

- Heating: I NI NP D S
- Venting: I NI NP D S
- Combustion Air: I NI NP D S
- Thermostat: I NI NP D S

- Ducting: I NI NP D S
- Cooling / AC: I NI NP D S
- Other: I NI NP D S

I = Inspected NI = Not Inspected NP = Not Present D = Defect S = Safety Issue

Client: Donald Dell
 Property: 1121 Any Street La Jolla, Ca 92038
 Inspection Date: June 13, 2015

2003-115 El Camino Real
 Oceanside CA 92054
 IdentifyReport@gamil.com 760.650.1255
 Your Inspector's Name , Inspector

I = Inspected NI = Not Inspected NP = Not Present D = Defect S = Safety Issue

GARAGE

Inspected : Yes No

Slab / Floor:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Garage Roof:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Fire Door:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Garage Attic:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Fire Wall:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Ceiling:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Access Door:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Walls:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Vehicle Door:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Doors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Automatic Opener:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Windows:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Electrical:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Screens:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Vents:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S

LAUNDRY:

Inspected : Yes No

Counter Tops:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Ceiling:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Cabinets:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Walls:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Washer:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Floors:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Dryer & Vents:	<input type="checkbox"/> I	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Doors:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Electrical:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> NI	<input type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Windows:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Sinks:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Screens:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Drains:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Exhaust Fan:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S						

POOL / SPA None

Inspected : Yes No

Deck Surface:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Pumps:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Pool / Spa Surface:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Spa Blower / Bubbler:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Diving Board / Slide:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Spa Jets:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Hand Rails:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Electrical:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Fences / Gates:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Timer:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Pool / Spa Heater:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Remote:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S
Pool / Spa Filters:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S	Other:	<input type="checkbox"/> I	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NP	<input type="checkbox"/> D	<input type="checkbox"/> S

THERMAL IMAGES

Inspected : Yes No

Thermal Images I NI NP D S

I = Inspected NI = Not Inspected NP = Not Present D = Defect S = Safety Issue

SUMMARY**Unregistered Software Call: 760.450.2026 or 760.650.1255****Report #: Dell06132015**

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

This Action List Is Only For Quick Reference And Not To Used As A Substitute For Reading The Inspection Report. I Always Recommend That All Repair Work Or Visual Examinations Be Performed By A Licensed Professional In The Related Field.

All Major Defects Are In RED**Minor Defects are In Black****Re Inspected On 06/21/2015 All Previous Defects Confirmed****FOUNDATION / STRUCTURE:**

Property Owners Association / Park Management Statement

EXTERIOR:

Exterior Electrical:

Inoperable / Broken Light found at: Rear Patio Bedroom Next to sliding Doors See Photo # 13, 14

Exterior Enter Enter:

Moisture noted on Exterior brick Walk way, Recommend redirecting water for greenery.

See Photo # 19,20,21,22,23,24

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

Exterior Surface:

Stucco surface is cracked / damaged at several areas. See Photo # 15, 16, 1, 18 See Photo # 15, 16, 1, 18

See Property Owners Association / Park Management Statement

ROOF / ATTIC:

Garage Roof is a Flat Roof, seems to be New.

See Property Owners Association / Park Management Statement

CHIMNEY / FIREPLACE:**FIREPLACE**

See Photo # 37. Need to install a gap device

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

INTERIOR ROOMS:

Entry Hall: Closet has things stored, Doors needs adjusted will not stay Closed See Photo # 49

Entry Hall: Danger: Trip Hazard, Hall Entry To Down Stairs See Photo # 51

Entry Hall: Cracks Noted On Wall above Garage Entry Door. See Photo # 57

Entry Hall: Floor Damaged at Bottom of Garage Enter Door. See Photo # 59

Entry Hall: Entry Door Damaged, Molding Damage. See Photo # 60

Master Bedroom: Sliding door hard to open and close and will not Lock. Needs repair/ Replacement. See Photo # 56, 58

Master Bedroom: Sliding Glass Door Will Not Lock Hard to Open or Close See Photo # 55

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

SUMMARY

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

This Action List Is Only For Quick Reference And Not To Used As A Substitute For Reading The Inspection Report. I Always Recommend That All Repair Work Or Visual Examinations Be Performed By A Licensed Professional In The Related Field.

Bedroom # 2 Bedroom 2: Wall above Sliding doors Needs Repair, See Photo # 52

Bedroom # 2 Sliding Door Hits Door When Closing See Photo # 55

Bedroom # 2 Heater Vent, Wall damage See Photo #53

Bedroom # 2 Moisture Noted at Sliding glass Door. See Photo # 54

Bedroom # 2 Moisture Noted at Wall. See Photo # 159

Living Room: Noted Added Electric Out Let. See Photos # 157, 158

Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a qualified licensed contractor / specialty trades person.

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

KITCHEN:

Disposer electric plug needs repair / Replace.

Kitchen in Wall Moisture Noted With Moisture Probe in Several Areas. See Photo # 62, 63, 64, 65

Cabinet Door Under Sink Damaged See Photo # 65

Damaged Granite Counter Top at Left of Sink, Missing Quarter Round. See Photo # 68

Gap Noted at Kitchen sink, Needs Calking to prevent Water Damage. See Photo # 67

Floors: Tile is Not Sealed to Floor, May come Loose. See Photo # 66

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

BATHROOMS:

Upstairs Bathroom 1/2 Bath. Fan Needs Repaired/Replaced, Makes Lots of Noise. See Photo 76

Master Bathroom

Sinks: Sink drain Pop Up Stopper needs repair / adjustment at one or more locations. See Photo # 73

Master Bath Tub Danger: Bath Tub Light Not to Code. May Result in Electric Shock See Photo # 74

Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a qualified licensed contractor / specialty trades person.

All Bathroom Sinks, Tubs and Counters Need re-calking. See Photo # 75, 77 Upstairs Bathroom

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

PLUMBING:

Water Heater: May be at end of life, Makes popping sound when turned on to test. See Photo # 85

Water Heater: Hot Water Heater Shut off Valve Corroded . See Photo # 86

ELECTRICAL:

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.

SUMMARY

Unregistered Software Call: 760.450.2026 or 760.650.1255

Report #: Dell06132015

2003-115 El Camino Real

Client: Donald Dell

Oceanside CA 92054

Property: 1121 Any Street La Jolla, Ca 92038

IdentifyReport@gamil.com 760.650.1255

Inspection Date: June 13, 2015

Your Inspector's Name , Inspector

This Action List Is Only For Quick Reference And Not To Used As A Substitute For Reading The Inspection Report. I Always Recommend That All Repair Work Or Visual Examinations Be Performed By A Licensed Professional In The Related Field.

Stab Lok Main & Sub panels and circuit breakers manufactured by Federal Pacific are suspected of having design flaws which can allow them to cause shock hazards and fires. We recommend replacement of these panels. Note also that electricians may not work on this equipment, and replacement parts may be difficult to find and expensive. See Photo # 97, 98

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

HEATING / COOLING:

Heating: Recommend cleaning/vacuuming furnace. See Photo # !09

Heating: Insufficient combustion air is provided to furnace / utility closet. Increase combustion air by adding vents, trimming bottom of door, or adding a louvered door.

Heating: Heater has a Flex Tub Installed ware a Steel Line Needs to Be to Prevent Gas Leek. See Photo # 110

Recommend evaluation or repairs by a Qualified licensed contractor / specialty trades person.

GARAGE

Garage: Stain on Wall. See Photo # 121

COMMENTS AND NOTES:

Property Owners Association / Park Management Statement

The residential dwelling unit appears to be part of a complex that is maintained by a property owners association and / or park management. The inspection will be limited to a visual evaluation of the items, systems, components and associated features that are located within and adjacent to the dwelling unit inspected. The current condition of any "common elements" such as, but not limited to, stairs; landings; porches; hallways; balconies; decks; patios; pools; spas; recreational areas / equipment; elevators; utility metering; parking stalls / ports; building site condition; structural stability; and all common areas are not considered to be part of the inspection report. Any comments made regarding same, have been made as a courtesy only, and should be addressed to the property owners association / park management or their representative. It is suggested that the property owners association / park management operation budget, including a reserve study, be carefully reviewed. The reserve study should provide an awareness as to the anticipated remaining life expectancies of the major components and systems. The budget should also include a statement of the present funds, and a funding strategy to cover future major repair and / or replacement. Approved or anticipated special assessments should also be addressed. It is also suggested that the current property owner be consulted regarding known past defects, all corrective work performed, and to thoroughly review the "C. C. & RS" and reserve study for disclosure of any pertinent facts affecting the current condition and market value of the property, the properties common elements and areas, and any existing or pending litigation.

REPORT LEGEND

- (1) Recommended evaluation by a Licensed Structural Engineer / Geo-Technical Engineer.
- (2) Recommend evaluation or repairs by a Qualified Licensed Contractor / Specialty Trades Person.
- (3) Recommend evaluation of Infestation / Deterioration by a Licensed Pest Inspector.
- (4) Recommend evaluation / testing by a Licensed / Certified Environmental Contractor / Specialist.
- (5) Recommend upgrading for Health / Safety / Function / Efficiency Enhancement.
- (6) Additions / Alterations to this item or system noted, unable to determine if this was done with any required permits or by a Qualified Licensed Contractor / Specialty Trades Person.